REMARKS

Claims 1, 4-9, 18, 21-25, 27, and 41-56 are pending. Claims 28-40 are canceled without prejudice. Claims 41-56 are new.

1. Claims 1, 4-5, 8-9, 18, 21-22, 25, and 27 were rejected under 35 U.S.C. 102(e) as being anticipated by Barry et al. (US 6,188,988, herein "Barry"). Applicants respectfully traverse this rejection.

Present claim 1 is directed to a system to implement at least one medical diagnostic or treatment algorithm in a healthcare workflow. The system includes storage, a user interface, and a disease management engine. The storage includes a first medical diagnostic or treatment algorithm associated with a first third-party payer, a second medical diagnostic or treatment algorithm associated with a second third-party payer, and at least one patient medical record. The user interface is operable to display an interface associated with the healthcare workflow to a healthcare provider. The healthcare workflow includes a set of interfaces for the healthcare provider to enter patient medical data into the at least one patient medical record during a patient encounter. The disease management engine is operable to select the at least one medical diagnostic or treatment algorithm from the first or second medical diagnostic or treatment algorithms based on the at least one patient medical record. Further, the disease management engine is operable to modify the healthcare workflow in accordance with the at least one medical diagnostic or treatment algorithm based on the patient medical data.

Present claim 18 is directed to a method for selectively modifying a healthcare workflow. The method includes storing a first medical diagnostic or treatment algorithm associated with a first third-party payer, storing a second medical diagnostic or treatment algorithm associated with a second third-party payer, and collecting medical information from a healthcare provider during a patient encounter via an interface provided at an interactive device. The medical information is associated with a patient. The method also includes automatically selecting at least one medical diagnostic or treatment algorithm of the first or second medical diagnostic or treatment algorithms based on the medical information, and selectively modifying the interface displayed to the healthcare provider via the interactive device based on the at least one medical diagnostic or treatment algorithm. Claim 28 is directed to a program storage device readable by

a machine, tangibly embodying a program of instructions executable by the machine to perform method steps similar to those recited in claim 18.

In the rejection, the PTO has turned to Barry for each and every element of the claims. Barry is directed to systems and methods and computer program products for guiding selection of a therapeutic treatment regimen for a known disease. The method includes providing patient information to a computing device, generating in the computing device a listing of therapeutic treatment regimens for the patient, and generating in the computing device advisory information for one or more treatment regimen in the listing based on the patient information and expert rules. As disclosed in Barry, an inference engine generates the listing of available treatments and corresponding advisory information (Barry, col. 8, ll. 27-32). The inference engine is a collection of rules and methods authored by a clinical advisory panel (Barry, col. 10, ll. 39-41). Within a therapy list box, a list of available therapies for a patient can be displayed (Barry, col. 14, ll. 1-2). However, Barry fails to teach or suggest storing two disease management algorithms, one associated with a first third-party payer and another associated with a second third-party payer. In fact, Barry fails to teach or suggest storing a disease management algorithm associated with a third-party payer. Further, Barry fails to teach or suggest selecting one of the two disease management algorithms and also, fails to teach or suggest modifying a healthcare provider interface based on a selected disease management algorithm.

In contrast, claim 1 recites storage including a first medical diagnostic or treatment algorithm associated with a first third-party payer, a second medical diagnostic or treatment algorithm associated with a second third-party payer, and at least one patient record. In addition, claim 1 recites a disease management engine operable to selected at least one medical diagnostic or treatment algorithm from the first medical diagnostic or treatment algorithm or the second medical diagnostic or treatment algorithm. Similarly, claim 18 recites storing a first medical diagnostic or treatment algorithm, the first medical diagnostic or treatment algorithm associated with a first third-party payer; and storing a second medical diagnostic or treatment algorithm, the second medical diagnostic or treatment algorithm associated with a second third-party payer. Claim 18 further recites automatically selecting at least one medical diagnostic or treatment algorithm of the first or second medical diagnostic or treatment algorithms based on medical information.

For at least the foregoing reasons, independent claims 1, 18, and 27 and claims depending therefrom are allowable over Barry. As such, Applicants respectfully request withdrawal of the 35 U.S.C. 102(e) rejection of claims 1, 4-5, 8-9, 18, 21-22, 25, and 27.

2. Claims 6 and 23 were rejected under 35 U.S.C. 103(a) as being unpatentable over Barry in view of Iliff (US 6,206,829). Applicants respectfully traverse this rejection.

Claims 6 and 23 depend from allowable claims 1 and 18, respectively.

Iliff discloses a system and method for providing computerized, knowledge-based medical diagnostic and treatment advice. The medical advice is provided to the general public over networks, such as a telephone network or a computer network (Iliff, Abstract). Iliff fails to teach or suggest a system including storage for two disease management algorithms, each associated with different third-party payers. As such, Iliff fails to overcome the deficiencies of Barry described above with respect to claims 1 and 18 from which claims 6 and 23 depend, respectively.

For at least the foregoing reasons, claims 6 and 23 are allowable over Barry in view of Iliff. As such, Applicants respectfully request withdrawal of the 35 U.S.C. 103(a) rejection for claims 6 and 23.

3. Claims 7 and 24 were rejected under 35 U.S.C 103(a) as being unpatentable over Barry in view of Schmidt et al. (US 6,839,678, herein "Schmidt"). Applicants respectfully traverse this rejection.

Claims 7 and 24 depend from claims 1 and 18, respectively.

Schmidt discloses that, in a system for conducting medical studies, a number of medical locations, such as clinics or medical practices, are connected to a central server via a computer network (Schmidt, Abstract). Schmidt fails to teach or suggest a system including storage for two disease management algorithms, each associated with different third-party payers. As such, Schmidt fails to overcome the deficiencies of Brown described above in relation to claims 1 and 18 from which claims 7 and 24 depend, respectively.

For at least the foregoing reasons, claims 7 and 24 are allowable over Barry in view of Schmidt. As such, Applicants respectfully request withdrawal of the 35 U.S.C. 103(a) rejection of claims 7 and 24.

4. New claims 41-56 are presented.

Claims 41-45 depend from claim 1 and claims 46-50 depend from claim 18 and thus, are allowable. Furthermore, these claims recite features not found in the cited references. In particular, the cited references do not disclose medical diagnostic or treatment algorithms associated with insurance companies, and do not disclose medical diagnostic or treatment algorithms that include an element that includes a task field, a condition field, and a content field. Further, the cited references fail to disclose modifying an interface associated with a task identified in the task field based on a value of the content field.

New claim 51 is an independent claim and new claims 52-56 depend therefrom. These claims include features similar to the features of claims 1, 18, and 27. As such, claims 51-56 are allowable and examination of claims 51-56 does not place undue burden on the PTO.

Applicants respectfully submit that the present application is now in condition for allowance. Accordingly, the Examiner is requested to issue a Notice of Allowance for all pending claims.

Should the Examiner deem that any further action by the Applicants would be desirable for placing this application in even better condition for issue, the Examiner is requested to contact Applicants' undersigned agent at the number listed below.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3797.

Respectfully submitted,

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Date

John R. Schell; Reg. No. 50,776
Agent for Applicants
LARSON NEWMAN ABEL POLANSKY &
WHITE, LLP
5914 West Courtyard Drive, Ste. 200
Austin, Texas 78730
(512) 439-7100 (phone)
(512) 327-5452 (fax)